Name in Full: Sarah E Dasberry X

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: near Oakland; County: Garrett

Date of death: Month: July; Day: 15; Year: 1904; Age: 27 Months —; Days —

Sex: Female; Color or Race: White; Birthplace: Md

Occupation: None special; Where Residing if not at place of death: —

Married, Single or Widowed: single; Name of Wife or Husband: —

TO BE ANSWERED BY NEAREST FRIEND

Father's Name: Clark Dasberry; Father's Birthplace: Md

Mother's Maiden Name: Braddock; Mother's Birthplace: Md

Name of person giving information: G Dasberry; How related to deceased: Father

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Pulmonary Tuberculosis; How long: 2 years

Immediate: How long: 7 days

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician: H W McCumsey

Address: Oakland

Accident or Suicide?

LIBRARY BUREAU A68816

Name in Full: Mary Ann Downe X

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at: Town: Mt Harmy — County: Garrett

Date of death: 1904 — Month: July — Day: 12 — Age: Years: 52 — Months: — — Days: —

Sex: Female — Color or Race: White — Birthplace: Md

Occupation: Housewife — Where Residing if not at place of death: —

Married, Single or Widowed: Widow — Name of Wife or Husband: Marin Downe

Father's Name: Chambers — Father's Birthplace: —

Mother's Maiden Name: dont know — Mother's Birthplace: —

Name of person giving In formation: David W. Fraker — How related to deceased: None

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Gastric catarrh — How long: One week

Immediate: inflamation — How long:

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician: W. B. Bassett

Address: Columbus Ohio

Accident or Suicide?

LIBRARY BUREAU A83816

Name in Full: William Francis Hunt X

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: New Germany — County: Garrett

Date of death: July 25 1904 — Month: July — Day: 28th — Age: Years 48 — Months - — Days -

Sex: Male — Color or Race: White — Birthplace: New Germany

Occupation: Farmer — Where Residing if not at place of death: At Place of death

Married, Single or Widowed: Married — Name of Wife or Husband: Mary Alice Hunt

Father's Name: William Hunt — Father's Birthplace: Germany

Mother's Maiden Name: Mahala Bittinger — Mother's Birthplace: New Germany

Name of person giving Information: Russell Hunt — How related to deceased: Son

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

Primary: Heath Sudden — How long: Years

Immediate: " " — How long:

PHYSICIAN OR CORONER

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: H B Sanderlain M D

Address: Grantsville Md

Accident or Suicide?

LIBRARY BUREAU A88616

Name in Full

August S. Forman

Certificate of Death

Died at (Town) near Sunnyside (County) ~~Boston~~ Md ~~WVa~~ MARYLAND

Date 1904 Month July Day 25 | Age Y. 2 M. 11 D. | Native of W. Va | Occupation infant

Male ~~Female~~ | White ~~Colored~~ | ~~Married~~ Single | ~~Widow~~ Widower | ~~Divorced~~ Number of children living

Husband of
Wife

Father's Name A. S. Forman | Mother's Maiden Name Jennie Killins

Cause of Death — Primary: Pertussis — How long sick

Immediate: Pneumonia — Accident, Suicide, Homicide

Reported by J Gilbert Selby

Address Eglon W Va

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79898

Name in Full: B. S. Zimmerman

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Emmanuel Church — County: Garrett

Date of death: Month: July — Day: 17 — 1904

Age: Years: — Months: 6 — Days: —

Sex: Male

Color or Race: White

Birthplace: Md

Occupation: —

Where Residing if not at place of death:

Married, Single or Widowed: single

Name of Wife or Husband: —

Father's Name: Bruce Zimmerman

Father's Birthplace: Md

Mother's Maiden Name: Jennie Kellum

Mother's Birthplace: Md

Name of person giving In formation: Joseph Zimmerman

How related to deceased: —

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

Primary: Pneumonia

How long: 3 weeks

Immediate: —

How long: —

PHYSICIAN OR CORONER

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: Dr Maxwell

Address: Accident or Suicide?

LIBRARY BUREAU A6881G

Name in Full: Margaret Wathey Hartman X

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at: Town: Near Barton | County: Garrett

Date of death 1904: Month: 7 | Day: 16 | Age: Years: 79 | Months: | Days:

Sex: Female | Color or Race: White | Birthplace: West Va.

Married, Single or Widowed: Married | Occupation: Housewife

Name ~~of Widow~~ Husband: S J Hartman

Father's Name: | Father's Birthplace:

Mother's Maiden Name: | Mother's Birthplace:

Name of person giving Information: S J Hartman | How related to deceased: Husband

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Brain softening 65 | How long:

Immediate: Exhaustion | How long: 3 or 4 days

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician: J R Shupe

Address: Westernport Md

Accident or Suicide?

LIBRARY BUREAU A88516

Name in Full: Ora Marie Hoffman

CERTIFICATE OF DEATH

MARYLAND

Died at: near Town: Friendsville; County: Garrett

Date of death 190 4: Month: July; Day: 3

Age: Years —; Months —; Days: 21

Sex: female

Color or Race: white

Birthplace: Maryland

Married, Single or Widowed: Single

Occupation: —

Name of Wife or Husband:

Father's Name: Jesse Hoffman

Father's Birthplace: Pa

Mother's Maiden Name: Gathie Friend

Mother's Birthplace: Maryland

Name of person giving Information: Wm Friend

How related to deceased: Grand father

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

Primary: Tranitron

How long: 3 wks

Immediate: 11

How long: " "

PHYSICIAN OR CORONER

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician: A J Mason MD

Address: Friendsville Md

Accident or Suicide?

LIBRARY BUREAU A88516

Name in Full: Anne Jenkins

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at — Town: Deer Park — County: Garrett

Date of death 1904 — Month: July — Day: 12 — Age — Years: 15 — Months: — — Days: —

Sex: Female — Color or Race: White — Birthplace: Md

Occupation: None — Where Residing if not at place of death: —

Married, Single or Widowed: Single — Name of Wife or Husband: —

Father's Name: Wm Jenkins — Father's Birthplace: Md

Mother's Maiden Name: Martha Meese — Mother's Birthplace: "

Name of person giving Information: [illegible] Jenkins — How related to deceased: Father

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Gastritis — How long: one week

Immediate: peritonitis — How long:

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician: D N Swingen

Address: Deer Park

Accident or Suicide?

LIBRARY BUREAU A88816

Name in Full: Cecil Marie X

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Govans Camp; County: Gennett

Date of death: 1904 Month: July Day: 3

Age: Years: 2 Months: — Days: —

Sex: boy

Color or Race: White

Birthplace: Md

Occupation: —

Where Residing if not at place of death:

Married, Single or Widowed: single

Name of Wife or Husband: —

Father's Name: Dora Marie

Father's Birthplace: Md

Mother's Maiden Name: Mrs Kennedy

Mother's Birthplace: Md

Name of person giving In formation: Mr Govans

How related to deceased: Mon

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

Primary: Don't Know

How long: two weeks

Immediate:

How long: —

PHYSICIAN OR CORONER

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

Accident or Suicide?

LIBRARY BUREAU A88816

Name in Full: Wm Thomas Mason

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Grafton — State: West Va

TO BE ANSWERED BY NEAREST FRIEND

Date of death: 1904 — Month: 7 — Day: 1 — Age: Years: 24 — Months — Days

Sex: Male — Color or Race: White — Birthplace: Md

Occupation: Engineer — Where Residing if not at place of death:

Married, Single or Widowed: Married — Name of Wife or Husband:

Father's Name: Joseph Mason — Father's Birthplace:

Mother's Maiden Name: — Mother's Birthplace:

Name of person giving Information: Joseph Mason — How related to deceased: Father

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary — How long

Immediate — How long

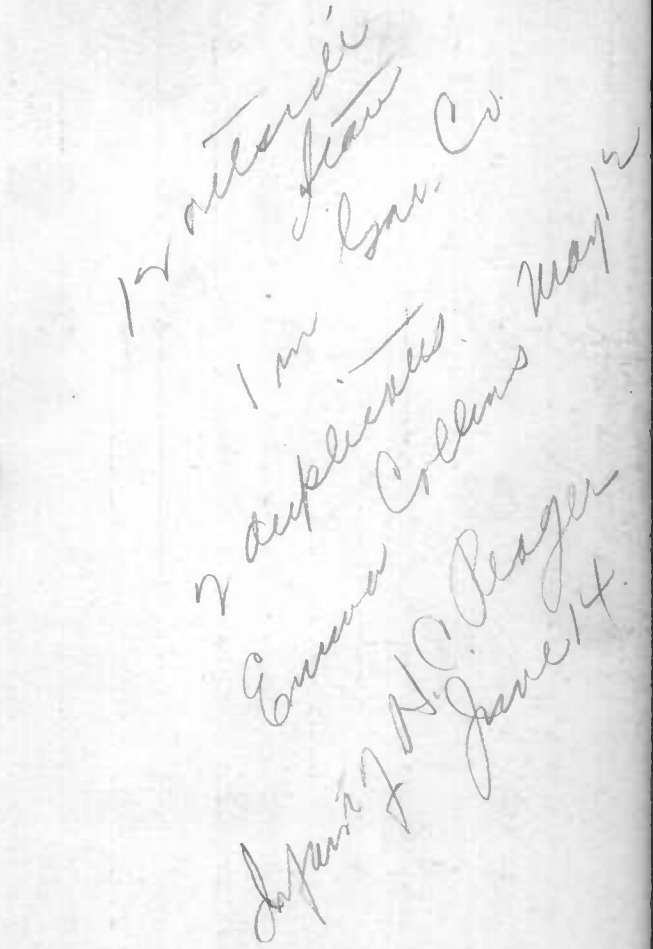
Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

Accident or Suicide? Accident

LIBRARY BUREAU A88518



Name in Full: Mary E. Nugent

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Friendsville; County: Garrett

Date of death 1904: Month: July; Day: 30

Age: Years: —; Months: 8; Days: 19

Sex: Female

Color or Race: White

Birthplace: Maryland

Married, Single or Widowed: Single

Occupation: —

Name of Wife or Husband: —

TO BE ANSWERED BY NEAREST FRIEND

Father's Name: W. L. Nugent

Father's Birthplace: Maryland

Mother's Maiden Name: Alice R. Thrasher

Mother's Birthplace: Maryland

Name of person giving Information: Mary C Gilpon

How related to deceased: Grate Ant

CAUSES OF DEATH

Primary: Cholera Infantum — How long: 2 wks

Immediate: " " — How long: "

PHYSICIAN OR CORONER

Are the name, age, sex, color, data and place correctly given above? yes

Signature of Physician: A. J. Madden

Address: Friendsville Md.

Accident or Suicide?

LIBRARY BUREAU A88518

Name in Full: Mrs Lyt Bickford X Pritchard

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Oakland — County: Garrett

Date of death 1904: Month: July — Day: 25 — Age: Years / Months / Days

Sex: Female — Color or Race: White — Birthplace

Married, Single or Widowed: Married — Occupation: Housewife

Name of Wife or Husband: Lyt Bickford

Father's Name: — — Father's Birthplace

Mother's Maiden Name: — — Mother's Birthplace

Name of person giving Information — How related to deceased

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

Primary: Enteric Fever — How long: 3 weeks

Immediate: Pneumonia — How long: 2 days

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician: M C Hutchison

Address: Oakland

Accident or Suicide?

PHYSICIAN OR CORONER

LIBRARY BUREAU A66316

Name in Full: Isaac M. VanSickle X

CERTIFICATE OF DEATH

MARYLAND

Died at: near Town: Friendsville; County: Garrett

Date of death 1904: Month: July; Day: 24

Age: Years: 55; Months: 3; Days: 17

Sex: Male

Color or Race: White

Birthplace: Maryland

Married, Single or Widowed: Married

Occupation: Farmer

Name of Wife or ~~Husband~~: Mary M. VanSickle

Father's Name:

Father's Birthplace:

Mother's Maiden Name:

Mother's Birthplace:

Name of person giving Information: Ephrum VanSickle

How related to deceased: Son

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Valvular Disease of the heart (mitral insufficiency)

How long: 3 months

Immediate: Heart failure

How long:

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician: H. P. Myers

Address: Markleysburg Pa.

Accident or Suicide?

LIBRARY BUREAU A66516

Name in Full: Wm Welch

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at — Town: Selby's port — County: Garrett

Date of death 1904 — Month: July — Day: 2 — Age — Years: 70 — Months: 6 — Days: 24

Sex: male — Color or Race: white — Birthplace: Maryland

Married, Single or Widowed: married — Occupation: Farmer

Name of Wife or Husband: margret welch

Father's Name: — Father's Birthplace:

Mother's Maiden Name: — Mother's Birthplace:

Name of person giving Information: Franklin welch — How related to deceased: Son

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Typhoid Fever — How long: 1 Month

Immediate: Paralysis — How long: 3 days

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician: A. J. Mason M.D.

Address: Friendsville Md.

Accident or Suicide?

LIBRARY BUREAU A88516

Name in Full: Rachel White X

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at: Town: Mar Oakland | County: Garrett

Date of death: Month: July | Day: 27 | 1904

Age: Years: 77 | Months: — | Days: —

Sex: Female | Color or Race: White | Birthplace: Md

Occupation: Housewife | Where Residing if not at place of death: —

Married, Single or Widowed: Married | Name of Wife or Husband: Wm White

Father's Name: D Smith | Father's Birthplace: —

Mother's Maiden Name: — | Mother's Birthplace: —

Name of person giving Information: | How related to deceased:

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Heart disease | How long: Several years

Immediate: do | How long: —

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: W H Ravenscroft

Address: Oakland Md

Accident or Suicide?

LIBRARY BUREAU A88816

Name in Full

CERTIFICATE OF DEATH

MARYLAND

Died at Town: Floyd County: Garrett

Date of death 1904, Month: July Day: 7 Age: Years: 2 Months: 3, Days: 13,

Sex: male Color or Race: white Birthplace: Floyd Md

Married, Single or Widowed: single Occupation: Infant life

Name of Wife or Husband:

Father's Name: George Will Father's Birthplace: Md

Mother's Maiden Name: Martha Rachel Will Mother's Birthplace: Md.

Name of person giving In formation: Geo. Will How related to deceased: father

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

Primary: worms How long: 36 hours

Immediate: Gastro-Enteritis How long:

PHYSICIAN OR CORONER

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician: C. F. Hazenbaker M.D.

Address: Swanton Md.

Accident or Suicide?

LIBRARY BUREAU A88618

Name in Full: Martin Luther Yommen X

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Jennings County: Garrett

Date of death: Month: July Day: 6th 1908

Age: Years: 10 Months: Days: X

Sex: Boy Color or Race: White Birthplace: Maine

Occupation: Child Where Residing if not at place of death: Jennings

Married, Single or Widowed: Single Name of Wife or Husband: None

Father's Name: Henry Yommen Father's Birthplace: Germany

Mother's Maiden Name: Elizabeth Whitzgaer Mother's Birthplace: Germany

Name of person giving information: Henry Yommen How related to deceased: Bro

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Endocarditis How long: 3 yr 3 mo

Immediate: Failure How long: 3 mo

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: F B Loudenslager

Address: Grantsville Md

Accident or Suicide?

LIBRARY BUREAU A88816